

**APPLICATION DATA SHEET**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Title:: SODm THERAPY FOR PREVENTION  
AND/OR TREATMENT OF  
INFLAMMATORY DISEASE  
Attorney Docket Number:: MPI 8313.3  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: No more than 4 characters  
Total Drawing Sheets:: No more than 4 digits  
Small Entity?:: Yes  
Petition Included?:: No  
Secrecy Order in Parent?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: "US" or full country name  
Status:: Full Capacity  
Given Name:: Daniela  
Family Name:: Salvemini  
City of Residence:: Chesterfield  
State or Province of Residence:: MO  
Country of Residence:: Italy  
Street of Mailing Address:: 1820 Orchard Hills Drive  
City of Mailing Address:: Chesterfield  
State or Province of Mailing  
Address:: MO  
Postal Code of Mailing Address:: 63017

**Correspondence Information**

Correspondence Customer Number:: 000321

**Representative Information**

Representative Customer Number:: 000321

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation-in-Part of	09/634,152	08/09/00
09/634,152	Division of	09/057,831	04/09/98
09/057,831	Non-Provisional of	60/050,402	06/20/97

**Assignee Information**

Assignee Name:: MetaPhore Pharmaceuticals, Inc